

DISTRICT _____

FOR OFFICIAL USE ONLY

**TOWN OF ISLIP
DEPARTMENT OF PUBLIC WORKS**

REGISTRATION FOR HURRICANE PREPAREDNESS

- A. Every contractor and sub-contractor having equipment listed for tree removal is required to have a **Certificate of Insurance** showing that coverage on their equipment is at least within the following limit:
Combined single limit of **\$300,000**.
- B. If you have employees, a **Workmen's Compensation Certificate** is required. *(Inquire with Highway Division)
- C. Unit may be subject to an inspection by the Town of Islip.
- D. **COMPLETE BOTH SIDES OF THIS FORM
AND ANSWER QUESTIONS 1 THRU 7**

EQUIPMENT

NAME _____

ADDRESS _____

TELEPHONE NUMBER: (DAY) _____

(NIGHT) _____

S.S. # OR TAXPAYER I.D.# _____

INS. APPROVED _____

Signature

Aerial Truck _____

Chain Saws _____

Tree Saws _____

"BOB CATS" _____

1. YEAR	2. MAKE	3. MODEL	4. SERIAL NO.	# OF 5. WHLS.	# OF DRIVE WHLS	# OF 6. CYL
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7. GROSS VEH. WEIGHT	8. POWER GAS/ DIESEL	9. LICENSE PLATE	10. VEHICLE NO.
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11. PLOW SIZE (FT.)	12. BODY TYPE	13. ENG SIZE (CU. IN.)	14. FOR LOADERS: TOTAL WT. _____ HORSEPOWER _____
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15. List any person other than yourself having any ownership interest in the vehicle listed. (Corporations, Partnerships, etc. list every person having ownership interest in the company).

16. Indicate if any of the persons listed are either employees of the Town related to employees of the Town, or in any way dependents of an employee of the Town.

17. List any relatives of yours who are employees of the Town.

REMARKS: _____

KINDLY ATTACH INSURANCE CERTIFICATE TO COMPLETED FORM AND RETURN TO TOWN OF ISLIP, DEPARTMENT OF PUBLIC WORKS, 401 MAIN STREET, ISLIP, NY 11751